

SECTION 2 POLICIES AND PROCEDURES**COMMUNITY-BASED SERVICES****PSYCHOSOCIAL
REHABILITATION
SERVICES (FORMERLY
CLINICAL DAY
PROGRAMMING)****Definition**

Psychosocial Rehabilitation Services (PRS) (formerly Clinical Day Programming) is a comprehensive system of individual, family, and group treatment services dedicated to the mitigation of the effects of serious emotional and/or behavioral disturbances on children and adolescents. Children referred to Psychosocial Rehabilitation Services are typically needing a structured educational/social setting in which their maladaptive behaviors may be therapeutically remediated with the ultimate goal of producing sufficient change so that the children can function successfully in a less restrictive setting.

Psychosocial Rehabilitation Services must be provided in coordination with the local school district for children ages 6 to 21. Treatment is provided within a psychosocial context involving programming that integrates therapeutic interventions in an educational setting crafted to provide a more effective response to the individual needs of children and their families.

At the level of the individual child, interventions designed to enhance social problem solving skills, positive interaction skills, and anger control will be delivered in accordance with a formal treatment curriculum that includes group and individualized programming as well as classroom goal-setting exercises. Aversive parent-child interaction, inconsistent discipline, and disruptions in the parent-child affective bond (*e.g.*, parental rejection) are associated with serious behavior problems in children. Research has demonstrated that the failure to address these issues is associated with the failure of treatment to produce behavior changes in children. Therefore it is essential that parenting interventions be conducted within the context of PRS.

For the purposes of this program, family may be defined as any of the following:

- Biological parent(s)

SECTION 2 POLICIES AND PROCEDURES

COMMUNITY-BASED SERVICES

Definition (Cont'd.)

- Step-parent(s)
- Relative(s) who have legal guardianship
- Adoptive parent(s)
- Permanent caregiver

When a child is in an out-of-home placement, and the plan is for the child to return home, the family must be an integral part of the implementation of the child's treatment plan.

When a child is in an out-of-home placement, and the child is not expected to return home, the primary significant other (case manager, residential services staff, etc.) must be an integral part of the implementation of the child's treatment plan.

Expected outcomes of this service are to prevent more costly and restrictive treatment options and to aid children in functioning successfully within their home and school environments.

Treatment objectives shall be developed that will enable the student to:

1. Show a significant reduction in behaviors that could constitute a risk to the safety of self or others, and/or demonstrate manageable behaviors in any and all environments
2. Develop adaptive interaction styles, as well as adaptive problem solving and coping strategies
3. Demonstrate an enhanced ability to learn as evidenced by increased attention span, increased ability to engage in developmentally and socially appropriate activities, and increased capability to interact appropriately with adults and peers across various situations
4. Successfully transition to a less restrictive educational placement

Treatment objectives shall be developed that will enable the family to:

1. Learn effective strategies for managing problem behaviors and interacting with their child

SECTION 2 POLICIES AND PROCEDURES**COMMUNITY-BASED SERVICES****Definition (Cont'd.)**

2. Identify and develop a collaborative and supportive relationship with school personnel aimed at optimizing the child's academic and social functioning

Although an intensive service, Psychosocial Rehabilitation Services should be provided in a setting with a level of restrictiveness commensurate with the client's needs. This service is intended to be community-based and may be provided by public and private providers in both traditional and non-traditional educational settings. Such programming is to be regarded as a treatment service rather than a place, so that flexibility and individualization are a natural consequence. For continuity of care, services should be rendered five days per week.

All providers of PRS must adhere to all of the standards outlined under Emergency Safety Interventions (see ESI under Program Requirements).

**Medical Necessity and
Prior Authorization**

Services shall be recommended by a physician or other Licensed Practitioner of the Healing Arts for a child who fulfills one or more of the following descriptions:

1. The child currently displays behavior problems serious enough to jeopardize current school and/or home placement and/or that make the child a risk to the safety of self or others.
2. The child is emotionally disturbed or mentally ill to the extent that a diagnosis using the most recent edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM)* is applicable. This includes the use of appropriate V-codes for diagnostic purposes.
3. The child is returning home or to a family-like setting following a psychiatric hospitalization or a residential placement, and Psychosocial Rehabilitation Services is considered the most appropriate setting prior to the child returning to a less restrictive school placement.

The physician or other Licensed Practitioner of the Healing Arts will complete a Medical Necessity Statement (see Section 5) authorizing the service delivery. The Medical Necessity Statement must substantiate the need for the